

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

60 60

29152

State File No. \_\_\_\_\_

FILED AUG 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6059 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> <u>09303</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> <u>HAMILTON</u> COUNTY <u>8340</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Collins</u> (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cincinnati</u> <u>8</u>	
c. LENGTH OF STAY (In this place) <u>15 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>5464 Clover Leaf Lane</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Washington Township</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Charles</u>	<u>L.</u>	<u>Painter</u>	<u>Aug</u>	<u>1</u>	<u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 27, 1918</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P. &amp; G. Soap Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Healey Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Clyde P. Painter</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Culbertson</u>	14. NAME OF HUSBAND OR WIFE <u>Rosemary Painter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>509 07 6581</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bell Painter</u>	ADDRESS <u>Wichita Kansas</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck and Head injury</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>093</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 54</u>	21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY) (STATE) <u>Collins, Washington St.; Clair Mo.</u>
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21d. TIME OF INJURY <u>Aug 1, 1952 3 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James B. ...</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Osceola Missouri</u>	23c. DATE SIGNED <u>8/2/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scott City Kansas</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <u>8-3-1952</u>	REGISTRAR'S SIGNATURE <u>Paul H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. ...</u>	ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1952

SEP 26 1952

OCT 23 1952

SEP 22 1952

SEP 10 1952

SEP 8 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. B. Goodrich

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3088

P. O. Address Quincy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.